

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11168
Do not use this space.

1. PLACE OF DEATH

(a) County Linn
(b) Township Acadia
(c) City Acadia

Registration District No. 291
Primary Registration District No. 22464

Registered No. 21

(e) Length of residence in city or town where death occurred

(d) Street No. 630 E. La Mar Street
(If death occurred in Hospital or Institution, write its name instead of street and number)
St. Mo.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Acadia, Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Pruitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29, 1904
7. AGE YEARS 35 MONTHS 3 DAYS 4
If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acadia, Mo.

13. NAME Lee A. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acadia, Mo.

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acadia, Mo.

17. INFORMANT (ADDRESS) W. H. Pruitt
Acadia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE H. G. P. Cemetery DATE March 5, 1940

19. FUNERAL DIRECTOR (ADDRESS) Richard Richardson
Acadia, Mo.

20. FILED Mar-9, 1940 Julia A. Blanton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1940 to 3-2 1940

I last saw her alive on 3-2 1940 Death is said to have occurred on the date stated above, at 12:30 noon
The principal cause of death and related causes of importance were as follows:

Pneumonia
Tuberc.
Influenza

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Blanton M. D.

(Address) Acadia, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)